1485033



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering (☐ check if this is a FEBRUARY 2008 – JUNE 2008 – R		has changed, and indica	ite change.)		
FEDRU/ART 2008 - JUNE 2008 - N	ULE 500				
Filing Under (Check box(es) that apply Type of Filing: ☑ New Filing	y):	☐ Rule 505	☑ Rule 506	☐ Section 4(6)	ULOE
	A. BASI	IC IDENTIFICATION	I DATA		
1. Enter the information requested about					
Name of Issuer (☐ check if this BRANSON GRETNA PLAZA, LLC	s is an amendment and n	ame has changed, and it	ndicate change.)		
Address of Executive Offices 2503 SOUTH BLVD, HOUSTON, T		eet, City, State, Zip Cod	(713) 562-1	mber (including Area 268	Code)
Address of Principal Business Operati (if different from Executive Offices)	ons (Number and Str	eet, City, State, Zip Cod	e) Telephone Nu	mber (including Area	Code)
Brief description of Business THE COMPANY WAS FORMED MISSOURI.	FO ACQUIRE, OWN	AND OPERATE A SI	NGLE LEVEL SI	HOPPING CENTER	IN BRANSON,
Type of Business Organization				==	
☐ corporation		rship, already formed	Ø	other (please specify):	•
☐ business trust	☐ limited partne	rship, to be formed	- 1		company
Actual or Estimated Date of Incorpora	tion or Organization:	Month Year 02 / 08	☑ Actual	☐ Estimated	PROCES
Jurisdiction of Incorporation or Organi	•	U.S. Postal Service Ab		: ГХ	PROCESS FEB 0 6 200
GENERAL INSTRUCTIONS	CIT for Canada	, 11 tot other foreign je	nistration)	1	
Federal:					IHOMSON DE
Who must File: All issuers making an of 15 U.S.C. 77d(6).	offering of securities in re	liance on an exemption	under Regulation D	or Section 4(6), 17 CF	THOMSON REL
When to File: A notice must be filed					
Securities and Exchange Commission					ceived at that address
after the date on which it is due, on the					
Where to File: U.S. Securities and Ex- Copies Required: Five (5) copies of thi					manually signed must
be photocopies of the manually signed			musi de manuany s	ighed. Any copies not	manually signed must
Information Required: A new filing m			ents need only ren	ort the name of the iss	uer and offering, any
changes thereto, the information reques	sted in Part C, and any m	aterial changes from the	information previo	usly supplied in Parts A	and B. Part E and the
Appendix need not be filed with the S			1	, 11	
Filing Fee: There is no federal filing f					
State:					
This notice shall be used to indicate reli	iance on the Uniform Lin	nited Offering Exemptio	n (ULOE) for sales	of securities in those st	tates that have adopted
ULOF and that have adopted this from	Issuers relying on ULC	IF must file a senarate no	ntice with the Secur	ities Administrator in o	each state where sales

ULOE and that have adopted this from. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			VFORMATION	
2. Enter the information reques				
Each pro	moter of the issue	er, if the issuer has been	organized within the p	past five years;
	eficial owner hav of the issuer;	ring the power to vote or	dispose, or direct the v	ote or disposition of, 10% or more of a class of equity
and		-		general and managing partners of partnership issuers;
		ng partner of partnership		
Check Box(es) that Apply:	☑ Promoter	UBeneficial Owner	DExecutive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if in STARLIGHT INVEST)		c		
Business or Residence Address		•	•	
1800 WEST LOOP SOU				
Check Box(es) that Apply:	☐ Promoter	Li Beneficial Owner	☑ Executive Officer	☑ Director ☑ General and/or Managing Partner
Full Name (Last name first, if in ABRAHAM TIEH	dividual)			
Business or Residence Address	(Number and 9	Street City State 7in C	'ade)	
2503 SOUTH BLVD, H			due)	
Check Box(es) that Apply:	☐ Promoter	☐Beneficial Owner	☐ Executive Officer	☐ Director ☐ General and/or Managing
Full Name (Last name first, if in	dividual)			Partner
	,			
Business or Residence Address	(Number and S	Street, City, State, Zip C	code)	
Check Box(es) that Apply:	☐ Promoter	□Beneficial Owner	☐ Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)	·		
Business or Residence Address	(Number and S	Street, City, State, Zip C	Code)	
Check Box(es) that Apply:	☐ Promoter	☐Beneficial Owner	☐ Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)			
Business or Residence Address	(Number and S	Street, City, State, Zip C	ode)	
Check Box(es) that Apply:	☐ Promoter	□Beneficial Owner	☐ Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)			Faithei
Business or Residence Address	(Number and S	Street, City, State, Zip C	ode)	***************************************
Check Box(es) that Apply:	☐ Promoter	☐Beneficial Owner	☐ Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)			1 4.510.
Business or Residence Address	(Number and S	Street, City, State, Zip C	ode)	
Check Box(es) that Apply:	☐ Promoter	☐Beneficial Owner	☐ Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)			k we selled
Business or Residence Address	(Number and S	Street, City, State, Zip C	ode)	
	(Use blank she	et, or copy and use add	itional copies of this sh	eet, as necessary.)

				B. INF	ORMATI	ON ABO	UT OFF	ERING					_
1	Una tha io	augr gold	or does the						n thin offe	-i-a2		Yes	No Ø
1.	mas the is	suer soid,	or does the	issuer in				l investors i c, Column 2					Œ
. 2.	What is th	e minimu	n investme	ent that wi				idual?				\$40	,000
												Yes	No
3. 4.	Does the						heen or	will be pai	d or give	n directly	-	☑ ectlv	anv
т.	commission	on or simil	ar remuner	ation for s	olicitation	of purcha	sers in co	nnection w	ith sales o	f securities	in the off	ering	. If a
								aler register is to be liste					
	or dealer,								u are assor	cialed pers	ons or suc	1 4 01	OKCI
Full Nam	ne (Last nar	ne first, if	individual)							<u> </u>		—
	IĞHT IN												
Business	or Residen	ce Addres	s (Number	and Stree	et, City, St	ate, Zip C	ode)						
1800 W	EST LOC	OP SOUT	TH, SUIT	E 475, H	IOUSTO	N, TX 7	7027						
Name of	Associated	Broker or	Dealer						-				
	Which Per											AILC	tates
(Cn	eck "All St	ates" or en	eck maivi	duai State	s)	*************	••••••					AH 3	iaies
[AL]	[AK]	[AZ]✓	[AR]✓	[CA]✓	[CO]	[CT] ✓	[DE]	[DC]	[FL]√ [MI]	[GA]✓ [MN]	[GI] [MS]✓	[II] [M]	
[IL]✓ [MT]	[IN] [NE]	[IA] [NV]✓	[KS] [NH]	[KY] [NJ]✓	[LA]✓ [NM]	[ME] [NY]✓	[MD] [NC]	[MA] ✓ [ND]	[OH]	[OK]✓	[OR]		A]✓
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Full Nam	ne (Last nai	ne first, if	individual)									
Rusiness	or Resider	ce Addres	s (Number	r and Stree	et. City. St	ate. Zin C	'nde)						
22011100	0. 1100.00		. (.,,		/						
Name of	Associated	Broker or	Dealer				•						
	Which Per											AU 6	
(Ch	eck "All St	ates" or ch	eck indivi	dual State	s)			***************************************			⊔.	All S	states
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	[GI]	[1]	•
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[M [P.	_
[RI]	[SC]	[SD]	[TN]	[TX]	ប្រា[<u>įvrj</u>	[VA]	[WA]	<u>ĵwvj</u>	[wi]	ľWYÍ		<u>rri</u>
Full Nam	ne (Last nai	ne first, if	individual)									
Dugingg	or Resider	oo Addess	a (Numba	and Stee	or City St	ora Zin C	'odo)						
Dusiness	or Kesidei	ice Addres	s (Number	and Suc	ci, City, Si	aic, zip c	ode)						
Name of	Associated	Broker or	r Dealer	.									
	Which Per										П	All S	itates
,					,								
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[GI] [MS]	•	D] IO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[онј	[OK]	[OR]	[P.	ΑĴ
[RII	ISCl	(SD)	[TN]	[TX]	TUT	IVTI	[VA]	[WA]	[WV]	[WI]	[WY]	[P	ĸl

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEE!	<u>DS</u>
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Time of Consists		Amount Already
	Type of Security	Offering Price	Sold
	Debt Equity	none none	none none
	Equity	none	uone
	☑ Common ☐ Preferred		
	Convertible Securities (including warrants)	none	none
	Partnership Interests	none	none
	Other (Specify Membership Interests in LLC)	\$800,000	\$520,000
	Total	\$800,000	\$520,000
	Account called a Accounting Column 2 of filling and a LH OF	·	,
	Answer only in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "1" if answer is "none" or "zero."		
		Number Investors of	Aggregate Dollar Amount Purchases
	Accredited Investors	0	0
	Non-accredited Investors	0	0
	Total (for filings under Rule 504 only)	0	0
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
			Dollar Amount
	Type of Offering	Type of Security	Sold
	Rule 505	\$	\$
	Regulation A	\$	\$
	Rule 504	\$	\$
	Total	\$	\$

4.	a. Furnish a statement of all expenses in connection with the issuance and
	distribution of the securities in this offering. Exclude amounts relating solely to
٠	organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

\$500.00*	☑	Transfer Agent's Fees
\$		Printing and Engraving Costs
\$10,000.00*	ゼ	Legal Fees
\$	₽	Accounting Fees
\$		Engineering Fees
\$15,000.00*	Ø	Sales Commissions (specify finders' fees separately)
\$		Other Expenses (identify)
\$25,500.00*	Ø	Total

* Approximate.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. •	Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted			
	gross proceeds to the issuer."		\$494,500	
chec	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and it the box to the left of the estimate. The total of the payments listed must equal the adjusted gross eeds to the issuer set forth in response to Part C - Question 4.b, above.		Payments to Officers Directors & Affiliates	Payments to Others
	Salaries and fees	_	\$	\$
	Purchase of real estate (down payment for loan)	_	\$	\$ <u>440,000 (1)</u>
	Purchase, rental or leasing and installations of machinery and equipment		\$	s
	Construction or leasing of plant buildings and facilities	_	s	s
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		s	\$
	Repayment of indebtedness		\$	s
	Working capital	_	s	\$
	Other (Specify			
	Operating Expenses	-	s	\$ <u>54,500</u>
	Column Totals	-	s	\$
	Total Payments Listed (column totals added)		\$494,50	00
(1) l	ncludes closing costs associated with real estate closing.			
	D. FEDERAL SIGNATURE			
sign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commismation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 50	ission,	filed under Rule 5 upon written reque	05, the following est of its staff, the

Issuer (Print or Type)

Signature

D----

BRANSON GRETNA PLAZA, LLC

1-20-6

Name of Signer (Print or Type)

Title of Signer (Print or Type)

ABRAHAM TIEH

MANAGER

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

Yes No

1. ' is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

No X

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to
 offerees.
- 3. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)

BRANSON GRETNA PLAZA, LLC

Name (Print or Type)

ABRAHAM TIEH MANAGER

Date

/- 20 -

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3	4					5 Disqualification		
	to non invest	to sell -accredited ors in State B-Item 1)	Type of security and aggregate offering price offering in state (Part C-Item 1) Type of investor an amount purchased (Part C-Item 2)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualit under Sta (if yes, explana waiver g (Part E-I	te ULOE attach tion of ranted)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA											
со											
ст											
DE											
DC								•			
FL		X 1	Membership Interes	st I	\$40,000	0	0		x		
GA		•									
НІ											
ID		•									
IL											
IN											
IA											
KS											
KY											

APPENDIX

1	2		3			5			
	Intend to sell and aggregate to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offering in state (Part C-Item 1)				Type of amount (Part C	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-accredited Investors	Amount	Yes	No
I.A									
ME									
MD									
MA		X	1 Membership Intere \$40,000	st 1	\$40,000	0	0		X
ΜI									
MN									
MS									
МО									
MT									
NE									
NV					·				
NH									
NJ		Х	1 Membership Intere \$40,000	est 1	\$40,000	0	0		X
NM									
NY		X	1 Membership Intere \$40,000	est I	\$40,000	0	0		X
NC									
ND									
ОН									

APPENDIX

1	2		3		5					
	Intend to sell to non-accredited investors in State (Part B-Item 1)		to non-accredited offering price investors in State offering in state		Type of investor and amount purchased in State (Part C-Item 2) Number of Number of					
State	Yes	No		Accredited Investors	Amount	Non-accredited Investors	Amount	Yes	No	
ОК										
OR										
PA										
RI										
SC										
SD										
TN										
TX		X 9	9 Membership Interes \$360,000	its 7	\$280,000	0	0		X	
UT										
VT										
VA							•			
WA										
wv										
WI										
WY										
PR										

